IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	05/13/2004			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 05/11/2004 FINANCIAL PAYER: NCDMH				
			T	FINANCIAL PAYER: NCDMH	 			
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	269	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS		† — — — — — — — — — — — — — — — — — — —	NT BUDGET				
		0	0					
			ļ		0	269	270	1
			 		 		 	
3404902	BLUE RIDGE COMM	8505	305	CLAIM DENIED DUE TO INSUFFICIE				
	UNITY		1	NT BUDGET				
								ļ
		8800	93	FURTHER PROCESSING NECESSARY,		398	473	75
	 	+	†	PLEASE CHECK FOR CLAIM ON	† <u>`</u>		113	ii
				FUTURE RA'S.				
			ļ		ļ			ļ
3404904	WESTERN HIGHLAN	11	141	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	DS LME	-	 	2012				-
		-	1	<u> </u>				
		8599	71	DETAIL NOT COVERED BY COMBINAT	43	373	1422	1049
				ION OF RECIPIENT, PROVIDER AND				
		-	 	BENEFIT PACKAGE.		 		ļ
		167	67	NO CHARGE BILLED. ENTER BILLED	 			
		+	t	AMOUNT AND SUBMIT DETAIL AS	 			
				A NEW CLAIM				
3404905	TREND COMM MENT	8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	AL HLTH CTR	-	ļ	NT BUDGET				
	 		İ		ļ			
	 	0	0	<u> </u>	0	2	2	0
3404907		21	5315	DUPLICATE OF CLAIM-SYSTEM				
3404907	RUTHERFORD-POLK	21	2312	DOPLICATE OF CLAIM-SISTEM				
		-	 					
			†	<u> </u>				
		8599	1158	DETAIL NOT COVERED BY COMBINAT	328	7021	7560	539
			1	ION OF RECIPIENT, PROVIDER AND				
		-	ļ	BENEFIT PACKAGE.				
		191	208	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	8505	2267	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	ļ			1
	 		 	NI BUDGEI	 			
	-	+	-					
		27	45	DIAGNOSIS CODE MISSING OR INVA		2437	3305	300
				LID. VERIFY AND ENTER THE				
		-	ļ	CORRECT DIAGNOSIS CODE AND SUB				ļ
	-	8800	40	FURTHER PROCESSING NECESSARY,				-
	-		+	PLEASE CHECK FOR CLAIM ON	 	 	 	
			†	FUTURE RA'S.	İ			
3404912	CATAWBA COUNTYM	8505	368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	ļ			
	ENTAL HEALT	+	 	N. DODOEL	 	<u> </u>		
	+	+	+	<u> </u>	 	 	 	
		8931	223	AMTNC INELIGIBLE TO RECEIVE SE	329	892	2473	1581
			I	RVICES IN IPRS.				
	ļ	ļ	ļ		ļ			
	-	8599	160	DETAIL NOT COVERED BY COMBINAT		 		
	+		+	ION OF RECIPIENT, PROVIDER AND	 	 	 	
		-	1	BENEFIT PACKAGE.				
			I		1			
3404913	MECKLENBURG COM	11	801	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT	-	ļ	DATE		ļ		ļ
	+	+	 		 			
	-	120	704	CLIENT ID NUMBER MISSING OR IN	155	3241	9115	5874
			1	VALID. ENTER CID AND SUBMIT	133	2241	5115	3074
			1	AS A NEW CLAIM				
		8599	519	DETAIL NOT COVERED BY COMBINAT				ļ
		8599	519		ļ			
		8599	219	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

pposter		Intell Brance					TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	 		+			 		
3404916	CROSSROADS BEHA	8505	4.4	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	27	FURTHER PROCESSING NECESSARY,				
		0000		PLEASE CHECK FOR CLAIM ON		76	130	. 54
	-		+	FUTURE RA'S.				l
			1					
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404917	ļ	8505	1227	CLAIM DENIED DUE TO INSUFFICIE				
	CENTERPOINT HUM	0303		NT BUDGET		 		
	AN SERVICES		+					
	 	+	+					
		8599	312	DETAIL NOT COVERED BY COMBINAT	142	1988	4819	2796
				ION OF RECIPIENT, PROVIDER AND				
	<u> </u>		<u> </u>	BENEFIT PACKAGE.		<u> </u>		
	-	8935	71	ASTNC INELIGIBLE TO RECEIVE SE				
	+		+	RVICES IN IPRS.		 		
	+	+	+	**		 		
			1					
3404918	ROCKINGHAM CO M	8505	569	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	ļ					<u> </u>	<u> </u>	
		11	87	CLIENT NOT ELIGIBLE ON SERVICE		2	2211	
		11	- 107	DATE	30	903	1808	905
	 							
			1					
	<u> </u>	8800	70	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404919		8505	3657	CLAIM DENIED DUE TO INSUFFICIE				
2404313	GUILFORD CO MEN	8303	3037	NT BUDGET				
	TAL HEALTHC		+	11 202021				
			1					
		8800	588	FURTHER PROCESSING NECESSARY,	112	4632	5372	740
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	ļ	8599	1.00	DETAIL NOT COVERED BY COMBINAT		ļ		
	-	8599	189	ION OF RECIPIENT, PROVIDER AND				
	<u> </u>		+	BENEFIT PACKAGE.				
			+		-			
3404920	ALAMANCE CASWEL	8505	2005	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
	ļ	8800	635	FURTHER PROCESSING NECESSARY,		<u> </u>	<u> </u>	
	-	0800	1033	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	8	2870	5566	2696
	+		+	FUTURE RA'S.				
	 	+	 			 	 	
		5404	99	SEVERE DUPLICATE: SAME ATTO PR	1			İ
				OV/PCODE/TOS/DOS/MOD				
3404921	ļ	8505	3351	CLAIM DENIED DUE TO INSUFFICIE		<u> </u>	ļ	
2404221	ORANGE PERSON C	0202	13331	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			-	
	HATHAM AREA		+			 		
	 	+	+			 		
		5312	734	PRIOR AUTHORIZED DOLLARS EXCEE	47	5027	6611	1583
				DED				
		8599	405	DETAIL NOT COVERED BY COMBINAT		ļ		
	-	0233	400	ION OF RECIPIENT, PROVIDER AND		 		
	-	-	+	BENEFIT PACKAGE.				
	+	+	+			 		
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
3404922	ER							
		-,					,	T
		0	0		0	0	0	

	T							
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
NUMBER	PROVIDER NAME	EUDS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923	VGFW AREA AUTHO	8505	2433	CLAIM DENIED DUE TO INSUFFICIE				
	RITY	<u> </u>		NT BUDGET				
			l					
	<u> </u>	 	i					
		8800	217	FURTHER PROCESSING NECESSARY,	10	2968	4927	1959
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	105	CLIENT NOT ELIGIBLE ON SERVICE				
		<u> </u>		DATE				
	ļ	ļ	ļ					
3404924		8326	11	ATTENDING PROVIDER NUMBER IS R				
3404324	PIEDMONT AREA M	10320		EQUIRED WHEN BILLED WITH GROUP				
	H/DD/SAS	 		NUMBER. ADD ATTENDING NUMBER A		<u> </u>		
	<u> </u>	0	0		0	11	11	0
	 	 	 					
								l
3404925	SANDHILLS CENTE	8505	6467	CLAIM DENIED DUE TO INSUFFICIE				l
	R FOR MH/DD	T	1	NT BUDGET				
			1					
			I					[
		8800	609	FURTHER PROCESSING NECESSARY,	44	7684	8853	1169
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
ļ		8599	313	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND				ļ
				DENEFIT PACKAGE.				
	ļ	ļ		BENEFIT PACKAGE.				
3404926	ļ	8599	2988	DETAIL NOT COVERED BY COMBINAT			Ļ	ļ
3404926	SOUTHEASTERN RE	0009	2900	ION OF RECIPIENT, PROVIDER AND				
	G MENTAL HL	ļ	ļ	BENEFIT PACKAGE				
				BENEFII FACKAGE.				
	<u> </u>	8505	2750	CLAIM DENIED DUE TO INSUFFICIE				4036
	 			NT BUDGET	3963	13916	17952	4036
		<u> </u>						
	 	8935	1737	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
			1					
3404927	CUMBERLAND CO M	8505	3496	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	540	FURTHER PROCESSING NECESSARY,	0	4236	6109	1853
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	128	DETAIL NOT COVERED BY COMBINAT				
		8599	128	ION OF RECIPIENT, PROVIDER AND				
ļ	 	<u> </u>	 	BENEFIT PACKAGE.				ļ
	-		 					
3404929	LEE HARNETT MH/	8505	1029	CLAIM DENIED DUE TO INSUFFICIE			 	ļ
	DD/SAS	1	 	NT BUDGET				
	DD ARA	 	 				 	
		8800	57	FURTHER PROCESSING NECESSARY,	1	1141	2456	1315
				PLEASE CHECK FOR CLAIM ON		2141	2430	
	<u> </u>	<u> </u>	1	FUTURE RA'S.				
		8599	38	DETAIL NOT COVERED BY COMBINAT				
			[ION OF RECIPIENT, PROVIDER AND				I
				BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY	8931	174	AMTNC INELIGIBLE TO RECEIVE SE				
	MNTL HLTHC	ļ		RVICES IN IPRS.		ļ		
	ļ	ļ	ļ					
	ļ	8505	92	CLAIM DENIED DUE TO INSUFFICIE				-
		8303	92	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	236	389	3093	2704
			ļ	NI BODGEI				
	1							
		8599	49	DETAIL NOT COVERED BY COMBINAT				
		8599	49	DETAIL NOT COVERED BY COMBINAT				
		8599	49	ION OF RECIPIENT, PROVIDER AND				
		8599	49					

PROVIDER	ļ	HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	DROUTERR WANT	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL		CLAIMS
NOTED LEV	PROVIDER NAME	2020	DENTIFIED	DESCRIPTION .	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8505	7088	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF		 	NT BUDGET				
		8800	221	FURTHER PROCESSING NECESSARY,	0	7322	7324	2
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	-	8502	13	CLAIM DENIED DUE TO INSUFFICIE				
	-	0302	1.5	NT ALLOTMENT				
			l	na nanoaman				
			-					
3404932	RANDOLPH/SANDHI	8505	232	CLAIM DENIED DUE TO INSUFFICIE				
	LLS CO MH C	<u> </u>		NT BUDGET				
							i i i i i i i i i i i i i i i i i i i	
	<u> </u>	24	159	PROCEDURE CODE, PROCEDURE/MODI	0	424	429	0
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
				CODE/TYPE OF SERVICE COMBINATI				
	ļ	8800	29	FURTHER PROCESSING NECESSARY,				
	<u> </u>	0000	2.7	PLEASE CHECK FOR CLAIM ON				
	<u> </u>	 	 	FUTURE RA'S.				
			l					
3404933	SOUTHEASTERN CT	8505	3051	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET	i			
	ļ		L		L			
		8800	211	FURTHER PROCESSING NECESSARY,	46	3574	4530	956
			ļ	PLEASE CHECK FOR CLAIM ON	ļ			
	 		ļ	FUTURE RA'S.				
		11	82	CLIENT NOT ELIGIBLE ON SERVICE				
	 	11	02	DATE	ļ		 	
				5512				
			l					
3404934	ONSLOW COUNTY B	8599	80	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
	LIMITOTOLE II			BENEFIT PACKAGE.				
			·					
		8800	44	FURTHER PROCESSING NECESSARY,	4	279	1740	1381
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
	ļ	111		OTTENS NOT BUTGINGS ON ORBITAN				
	ļ	11	41	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
	+	ļ					 	
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	I IIIII CIN							
	1							
		0	o o		0	0	0	0
3404936	WILSON-GREENE M	8505	541	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	+		l		l			
	 	8800	35	FURTHER PROCESSING NECESSARY,	34	658	1831	1173
	+		-	PLEASE CHECK FOR CLAIM ON	34	658	1831	11/3
	 	 	 	FUTURE RA'S.	 			
		8000	31	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
240402=	 	0505		OTATA DUNTUD DUD TO TROP	ļ		L	
3404937	EDGECOMBE NASH	8505	866	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	ļ			
	MNTL HLTH C	 	 	and and and and and and and and and and	ļ			
	+		l					
	+	8800	698	FURTHER PROCESSING NECESSARY,	18	1765	2722	957
	 	<u> </u>	 	PLEASE CHECK FOR CLAIM ON	100	1/05	2122	337
	1			FUTURE RA'S.				
	1							
	1	8599	100	DETAIL NOT COVERED BY COMBINAT	i			
			L	ION OF RECIPIENT, PROVIDER AND	L			
	ļ		L	BENEFIT PACKAGE.	L			
3404938	RIVERSTONE MENT	8931	161	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	ļ		L	
	AL HEALTH C	ļ	ļ	KVICES IN IPRS.	ļ		J	
3404330	PID HIDNELIN C				ļ			
	Paul Haratan C	 			1	I .	1	
		24	20	PROCEDURE CODE, PROCEDURE/MODT				
		24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE	189	269	2566	2297
		24	20	FIER COMBINATION OR PROCEDURE	189	269	2566	2297
		24	20		189	269	2566	2297
	The statement of	24	20	FIER COMBINATION OR PROCEDURE	189	269	2566	2297
	STATE STATE OF THE			FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	189	269	2566	2297
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI ASTNC INELIGIBLE TO RECEIVE SE	189	269	2566	2297

PROVIDER NUMBER		HIGH DENIAL	NUMBER OF	 	ļ		TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
			-					-
3404939	NEUSE MENTAL HE	8505	250	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ALTH CENTER			NI BODGEI				
		8526	223	CLAIM DENIED, UNITS BILLED MUS				
		8326	223	T BE GREATER THAN ZERO	5	1052	6181	5129
		8326	172	ATTENDING PROVIDER NUMBER IS R	-			
				EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404941	PITT CO MH/DD/S	120	124	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
	AS CENTER			AS A NEW CLAIM				
		8599	108	DETAIL NOT COVERED BY COMBINAT				
		0333	1200	ION OF RECIPIENT, PROVIDER AND	29	435	1872	1437
				BENEFIT PACKAGE.				
		8505	55	CLAIM DENIED DUE TO INSUFFICIE	<u> </u>			
				NT BUDGET				
			 		 			-
3404942	ROANOKE CHOWANH	8505	674	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	UMAN SERVIC	<u> </u>	 	11 20002	<u> </u>			
		8599	52	DETAIL NOT COVERED BY COMBINAT				
			ļ	ION OF RECIPIENT, PROVIDER AND	13	804	2129	1325
				BENEFIT PACKAGE.				
		8800	29	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404943	ALBEMARLE MENTA	8505	450	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L HEALTH CE		-	NI BODGEI				
		8800	170	FURTHER PROCESSING NECESSARY,				
		10000	170	PLEASE CHECK FOR CLAIM ON	24	724	1305	581
				FUTURE RA'S.				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE	l		-	-
				DATE				
3404944	EASTPOINTE HUMA	8505	1112	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	N SERVICES			WI BODGE!				
		8599	121	DETAIL NOT COVERED BY COMBINAT				
		0377	121	ION OF RECIPIENT, PROVIDER AND	116	1485	2857	1372
				BENEFIT PACKAGE.				
		8935	49	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
				<u> </u>				
3404946	FOOTHILLS AREAM	11	2209	CLIENT NOT ELIGIBLE ON SERVICE				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	2209	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404946				DATE				
3404946		21	2209		8	2654	6262	3608
3404946				DATE	8	2654	6262	3608
3404946				DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC	8	2654	6262	3608
3404946		21	272	DATE DUPLICATE OF CLAIM-SYSTEM	8	2654	6262	3608
		21	272	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	8	2654	6262	3608
3404946	ENTAL HEALT TIDELAND MENTAL	21	272	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE		2654	6262	3608
	ENTAL HEALT	21	272	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	2654	6262	3608
	ENTAL HEALT TIDELAND MENTAL	21 191 8505	272 54 5262	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT TIDELAND MENTAL	21	272	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE	8	2654		
	ENTAL HEALT TIDELAND MENTAL	21 191 8505	272 54 5262	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,				
	ENTAL HEALT TIDELAND MENTAL	21 191 8505	272 54 5262	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE WT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT TIDELAND MENTAL	21 191 8505	272 54 5262	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND				
	ENTAL HEALT TIDELAND MENTAL	21 191 8505	272 54 5262	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE WT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAIS. DETAIL NOT COVERED BY COMBINAT				
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	21 191 8505	272 54 5262	DATE DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NY BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND				
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	21 191 8505	272 54 5262	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECTIFIENT, PROVIDER AND BENEFIT PACKAGE.				
	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	21 191 8505	272 54 5262	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECTIFIENT, PROVIDER AND BENEFIT PACKAGE.	110	5572	6103	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR	21 191 8505	272 54 5262	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECTIFIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505 8500 8599	272 54 5262 115 62	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON PUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPTERT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REFORT ***	110	5572	6103	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505	272 54 5262	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S. DUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECTIFIENT, PROVIDER AND BENEFIT PACKAGE.	110	5572	6103	
3404957	TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505 8500 8599	272 54 5262 115 62	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT SUDGET FUTTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAYS. DETAIL NOT COVERED BY COMBINAT ION OF RECEIFENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	110	5572	6103	
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505 8600 8599 0	272 54 5262 115 62 0	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC # PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RAY. DETAIL NOT COURSED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REFORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	110	5572	6103	523
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505 8500 8599	272 54 5262 115 62	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC R PATIENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RAYS. DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REFORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	110	5572	6103	523
3404957	ENTAL HEALT TIDELAND MENTAL HEALTH CTR DAVIDSON CO MEN TAL HLTH CT	21 191 8505 8600 8599 0	272 54 5262 115 62 0	DUPLICATE OF CLAIM-SYSTEM CLIENT ID NUMBER DOES NOT MATC H PATTENT NAME CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON FUTURE RA'S. DETAIL NOT COVERED BY COMBINAT ION OF RECEPIENT, PROVIDER AND BENEFIT FACKAGE. *** NO DATA TO REFORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FURTHER PROCESSING NECESSARY,	110	5572	6103	523